POSITIC	INITIALS	ID NO.	DATE	
FEE DETERMINATION				
O.I.P.E. CLASSIFIER		43	7/7/60	
FORMALITY REVIEW	KG	70\$	OX /15/01	
RESPONSE FORMALITY REVIEW	Stops	1:91	1:-15-01	

## **INDEX OF CLAIMS**

•	Rejected	N	Non-elected
=	Allowed	1	Interference
_	(Through numeral) Canceled	Α	Appeal
÷	Restricted	0	Objected

		÷	Restricted	0		Object	ed
Out of M		Data	Claim	Date		Claim	Date
Claim	AIVHI	Date	Claim	Date			Date
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5 1	1131	<del>                                     </del>	56			106	
77	NN	<del></del>	57			107	
	NN	<del>                                     </del>	58		<del>         </del>	108	<del></del>
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16 🗸		<del>                                     </del>	66	+++	<del>                                     </del>	116	
17 🗸	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	<del>-   -   -   -   -   -   -   -   -   -  </del>	67	1 1 1 1		117	
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24	<del>                                     </del>	<del>-   -   -   -   -   -   -   -   -   -  </del>	74	++++	<del>                                     </del>	124	<del>                                     </del>
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36			86			136	
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38			88	7 7 7 7		138	
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If more than 150 claims or 10 actions staple additional sheet here

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